United States I	INNOVITATION AND				
Northern Dis	trict of	Illino	ois	INVOLUNTARY PETITION	
IN RE (Name of Debtor - If Individual Last, First, Middle) Cathleen Simmons			fES used by debtor in the last 8 years miden, and trade names.)		
Last four digits of Social-Security or other Individual's Tax-LD. No Complete EIN (If more than one, state all) 2352					
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)			MAILING ADDRESS OF DEBTOR (If different from street address)		
16961 Sheridan Trails Orland Park, IL 60467					
COUNTY OF RESIDENCE OR PRINCIPAL PLAN	CE OF BUSINESS				
Cook		60467	0467 ZIP COI		
LOCATION OF PRINCIPAL ASSETS OF BUSIN. CHAPTER OF BANKRUPTCY CODE UNDER W ✓ Chapter 7	HICH PETITION		previously listed ad	dresses)	
		ARDING DEB	TOR (Check applical	ole boxes)	
Nature of Debts	Type of Debtor		btor	or Nature of Business	
(Check one box.) Petitioners believe: Debts are primarily consumer debts Debts are primarily bosiness debts	(Form of Organization of Organization (Form of Organization Office Joint Debt Discontinuous Lack at Corporation (Includes Lack at Discontinuous August 1998) Other (If debtor is not one of the check this box and state type of the Office Joint Debt Debt Debt Debt Debt Debt Debt Deb		(Check one box.) (Abstor) :: Health Care Business :: Single Asset Real Estate as defined in 11 U.S.C. § 101(51 (B)) (Abstor) :: Railroad :: Stockbroker		
VENUE				FILING FEE (Check one box)	
Debur has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petation or for a longer part of such 180 days than an any other District. A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		D Ji	Full Filing Fee attached Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached [If a child support creditor or its representative is a petitioner, and if the sectioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no five is required.]		
	A service of the last terminal and terminal	Security Sec	AGAINST ANY PAR	OF A COMMENT	
Name of Debtor	Case Number	BTOR (Report information for an Case Number		Date:	
Relationship	District	District		Judge	
ALLEGA (Check applie 1. Petitioner (s) are eligible to file this petition 2. The debtor is a person against whom an order States Code. 3 a. The debtor is generally not paying such debt the subject of a bona file dispute as to habit b. Within 120 days preceding the filing of this agent appointed or authorized to take charge	pursuant to 11 U.S. in for relief may be or's debts as they be ty or amount, or petition, a custodia	entered under to become due, unl m, other than a	ess such debts are trustee receiver, or	COURT USE ONLY	

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Name of Debtor	Cathleen Simmons		
Case No.			

Case No.						
TRANSFER (Check this box if there has been a transfer of any claim against the evidence the transfer and any statements that are required under	he debtor by or to any petitioner.	Attach all documents that				
REQUEST FO Petitioner(s) request that an order for relief be entered against the debtor un petition. If any petitioner is a foreign representative appointed in a foreign recognition is attached.	der the chapter of title 11. United St					
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief. Signature of Petitioner or Representative (State title) Great Lakes Bank, NA Name of Petitioner Thomas Rohan	Signature of Attorney Date Foster, Kallen & Smith Name of Attorney Firm (If any) 3825 W. 192nd St. Homewood, IL 60430					
Name & Mailing Thomas Rohan Address of Individual 13057 S. Western Signing in Representative Blue Island, IL 60406 Capacity						
x Signature of Petitioner or Representative (State title)	Signature of Attorney	Dute				
Name of Petisioner Date Signed Name & Mailing, Address of Individual Signing in Representative Capacity	Name of Attorney Firm (If any) Address Telephone No.					
Signature of Petitioner or Representative (State title)	Signature of Attorney	Date				
Name of Petitioner Date Signed Name & Mailing. Address of Individual Signing in Representative Capacity	Name of Attorney Firm (If any) Address Telephone No.					
PETITIONING						
Great Lakes Bank, NA 11346 S. Cicero, Alaip IL 60658	Nature of Claim Unpaid guarantee obligation	Amount of Claim \$387,036.95				
Name and Address of Petitioner	Nature of Claim	Amount of Claim				
Name and Address of Petitioner	Nature of Claim	Amount of Claim				
Note: If there are more than three petitioners, attach additional sheets penalty of perjury, each petitioner's signature under the stateme and petitioning creditor information in the format above.	Total Amount of Petitioners' Claims					
continuation alseets attached						